Payroll Ded	uction Authori	Virginia Credit Union P.O. Box 90010 Richmond,Virginia 23225-9010						
Check One	w Deduction 🗖 Change	e 🗇 Cancellation	☐ Redistribution	VACU Account #				
				Date				
(Agency or lo	cal government who	ere you are em	ployed)	Agency #				
I hereby authorize my	employer to deduct \$	(Total Amount	from my salary	each pay day beginning				
to be remitted to Virg it in writing.	inia Credit Union, Inc. for o	redit to my account(s) as specified below. Th	is authorization will continue until I terminate				
paycheck, the Credit U The notice from the e	Jnion is authorized to debi	t my account in an ar on must be made in v	mount equal to the deductoriting and within seven	not entitled to the funds deducted from my ction and return the same to my employer. (7) days of the pay day in order to be effective.				
Regular Savings	\$	Spe	opecing in the felt column now failed are to be also butted.					
Checking	\$	am						
Other Savings	\$	res	result of this authorization.					
IRA	\$	Mei	— Member's Signature					
Loan #			_					
Loan #								
Other #		Add	dress					
(Туре)		City	/	State Zip				
Other #			J	Bus. Phone ()				
(Type)	-	331	•					
Total Amount*	\$			Copy for Employer/Payroll Office				

Payroll Ded	uction Authoriza	Virginia Credit Union P.O. Box 90010 Richmond,Virginia 23225-9010					
Check One	w Deduction 🗖 Change	☐ Cancellation	☐ Redistribution	VACU Acco	unt #		
					Date		
(Agency or lo	cal government where	you are emp	loyed)				
I hereby authorize my	employer to deduct \$	(Total Amount	from my salary e	each pay day beg	inning		
to be remitted to Virg it in writing.	inia Credit Union, Inc. for cred	lit to my account(s) as specified below. Thi	s authorization wi	Il continue until I ter	minate	
paycheck, the Credit l The notice from the e	agree that in the event my em Union is authorized to debit m employer to the Credit Union Il have no liability with regard	y account in an am must be made in w	nount equal to the deductoriting and within seven (tion and return th	e same to my emplo	yer.	
Regular Savings	\$	— Specify in the left column how funds are to be distributed. List ALL					
Checking	\$						
Other Savings	\$	result of this authorization.					
IRA	\$	— Member's Signature					
Loan #		Prin	t Name				
Loan #		_					
Other #		Add	ress				
(Type)				State	Zip		
Other #		– ssn		Bus. Phone	e ()		
(Type)	_	551 4		_			
Total Amount*	\$				Copy for Credit I	Union	

Payroll Deduction Authorization					Virginia Credit Union P.O. Box 90010 Richmond,Virginia 23225-9010				
Check One	w Deduction	☐ Change	□ Cancellation	☐ Redistribution	VACU Account #				
Ç					Date				
(Agency or local government where you are employed)					Agency #				
I hereby authorize my	employer to d	leduct \$	(Total Amount)	from my salary	each pay day beginn	ing			
to be remitted to Virgit in writing.	ginia Credit Uni	ion, Inc. for cre	edit to my account(s) as specified below. Th	is authorization will co	ontinue until I terminate			
paycheck, the Credit	Union is author employer to the	rized to debit r e Credit Union	my account in an am n must be made in w	•	ction and return the s	-			
Regular Savings	\$		— Spec	Specify in the left column how funds are to be distributed. List ALL					
Checking	\$		•	•		es, that you want to be deposited as a			
Other Savings	\$		resu						
IRA	\$		— Mem	Print Name					
Loan #	_ \$								
Loan #	_ \$								
Other #	_ \$		Add	ress					
(Type)					State	Zip			
Other #			— SSN		Bus. Phone ()			
(Type)	_								
Total Amount*	\$					Copy for Employee			